

# In-Room Service Assessment Document

Date:

Room Number:

Inspector:

## Guest Room General Assessment

Item	Assessment (âœ"/âœ—)	Comments
Bedding & Linen Cleanliness	<input type="text"/>	<input type="text"/>
Bathroom Cleanliness	<input type="text"/>	<input type="text"/>
Room Amenities (e.g., kettle, slippers)	<input type="text"/>	<input type="text"/>
Mini-bar Inventory	<input type="text"/>	<input type="text"/>
Air Conditioning / Heating	<input type="text"/>	<input type="text"/>
Room Safety (locks, smoke detector)	<input type="text"/>	<input type="text"/>
Lighting Functionality	<input type="text"/>	<input type="text"/>
Wi-Fi Connectivity	<input type="text"/>	<input type="text"/>

## Housekeeping Service Assessment

Item	Assessment (âœ"/âœ—)	Comments
Timeliness	<input type="text"/>	<input type="text"/>
Staff Professionalism	<input type="text"/>	<input type="text"/>

Restocking Supplies

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Disposal of Waste

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**Notes / Recommendations**

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Inspector Signature:

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Date:

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